

# Brief Encounters

Budding

Rob Miller, Editor

## SEX HAPPENS—BADLY SOMETIMES—AND MORE SO FOR WOMEN

Fulfilment from sex is an important but understudied aspect of sexual health. An understanding of sexual (dys)function and also of factors associated with patients reporting sexual problems is important in order for healthcare providers to improve provision of care and support for patients. Mercer *et al* used a probability survey of 11, 161 men and women aged 16–44 years in 2000. Outcomes were “any” sexual problems (lasting <1 month) and “persistent” sexual problems (lasting >6 months). Major findings were that any and persistent sexual problems were more common in women. Factors associated with sexual (dys)function problems were: competence at first sex, paying for sex in the previous 5 years, and number of occasions of sex and masturbation in the past month. Additionally, for men only, reporting of any and persistent sexual problems was associated with reporting of diagnosis/es of sexually transmitted infections. Both any and persistent sexual problems were also more likely (unsurprisingly) in couples who reported poor communication with their partner.

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In an accompanying editorial Goldmeier and Leiblum highlight firstly, the importance of the subject of sexual (dys)function and also specifically, the issue of poor (sexual) communication between partners as an underlying cause of problems. The authors also provide an insight as to why (in men) having a sexually

transmitted infection might be associated with sexual (dys)function.

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## HIGH RISK SEXUAL BEHAVIOUR IN GAY MEN—IS PREVENTION FAILING?

In the context of the description of the HIV/AIDS pandemic major reductions in high risk sexual activity among gay men were seen throughout the developed world in the 1980s and 1990s; more recently it appears that globally there is an increase in risk behaviour among gay men. Hart and Williamson investigated gay men’s sexual risk behaviour in Edinburgh and Glasgow, Scotland, in three cross-sectional surveys carried out in 1996, 1999, and 2002. Unprotected anal intercourse (UAI) with casual partners was reported by 10.7 % of respondents in 1996, compared with 18.6 % in 2002, confirming an increase in risk activity. The authors also identified that despite no increase in HIV testing among men reporting UAI with casual partners there was a trend towards men knowing their casual partner’s HIV status. This, together with more men reporting UAI with more than one partner and UAI with casual partners, suggests an increase, between 1996 and 2002, of high risk sexual activity in gay men in Scotland. If extrapolated to the rest of the UK, these data are at best worrying. The authors suggest that explanations for these observations should include consideration of a shift in the perception among gay men of the importance of HIV and more importantly of failure of prevention on the part of governments and health agencies.

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## THE APPRENTICE BECOMES A JOURNEYMAN

As an undergraduate medical student currently considering a career in genitourinary medicine, or as an educational supervisor, you will be reassured that there are major interventions from within the speciality which identify the need for a structured training programme—beginning at medical school and integrating with foundation year training. If the speciality is to survive within the framework of a rapidly changing NHS, it will only do so by attracting highly skilled and highly motivated medical students. The authors identify that the speciality needs to drive this initiative forward.

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## I’D RATHER TALK ABOUT THIS IN PRIVATE

Many patients find the presence of a medical student in a sexual health clinic consultation is uncomfortable, particularly if this is their first interaction with medical students within a healthcare setting. Ryder *et al* identified that the major concerns of patients attending a teaching hospital sexual health clinic in which medical students were present were first, perceived privacy, and second, standards of care. Balancing the needs of patients and of training of undergraduate medical students is an area “begging” for research.

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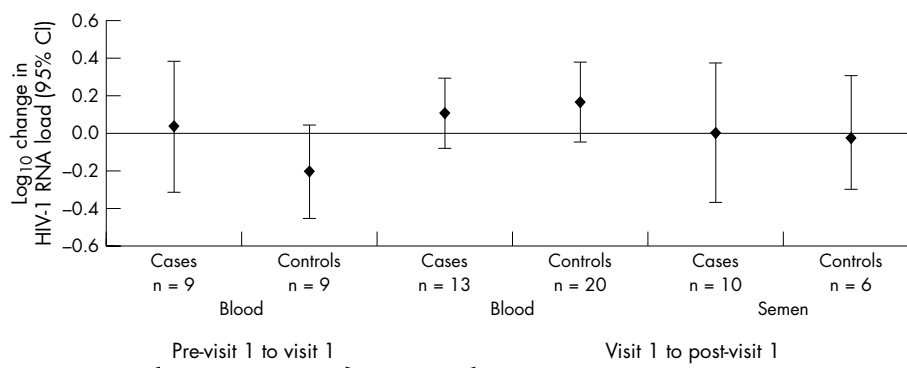


Figure 3, see p 386.